

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019894  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. \_\_\_\_\_

Registrar's No. 69

**FILED JUN 14 1962**

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Cullen

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Waynesville, MO  
Residence Rt #2 Box 18A

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pulaski

c. CITY OR TOWN Waynesville Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
Rt #2 Box 18A Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Herman Middle Charles Last Wahner

4. DATE OF DEATH  
Month June Day 3 Year 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Nov 14 1889

9. AGE (last birthday)  
72

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Labor

10b. KIND OF BUSINESS OR INDUSTRY  
Domestic

11. BIRTHPLACE (City and state or country)  
Germany

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Unknown Wahner

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Ella Wahner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes 1916 - 1920

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Jess McCray Waynesville Rt #2 Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiomegaly of Entertainer

2 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour 11 Minute 00 p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION  
C.M. COUNTY STATE

21. Deceased from 1-1-62 to 6-3-62 and last saw him alive on 6-3-62  
Death occurred at 7 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. Miller M.D. MD

22b. ADDRESS

Waynesville, Missouri

22c. DATE SIGNED

6/4/1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Cremation 6/4/1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St Louis Missouri

(State)

24. NAME OF DIRECTOR

ADDRESS

C. Williams Waynesville, Missouri

25. DATE RECD. BY LOCAL REG.

6-4-62

26. REGISTRAR'S SIGNATURE

Eula M. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
FOR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

2850

2850

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4 0

5 1

6

7 2

8 2

9 153.8

10

11

12 90-0

13 1-0

JUN 14 1962

NOV 2 1962

122-91-123

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence Dross

Licensed Embalmer No. 4896

P. O. Address Waynesville, NC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Donut Stand 6-4-62

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